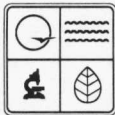


STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

FORM OGC-3

APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK

<input checked="" type="checkbox"/> APPLICATION TO DRILL		<input type="checkbox"/> DEEPEN	<input type="checkbox"/> PLUG BACK	<input checked="" type="checkbox"/> FOR AN OIL WELL		<input type="checkbox"/> OR GAS WELL	
NAME OF COMPANY OR OPERATOR OSBORN ENERGY, LLC				DATE 5/18/2006			
ADDRESS 24850 FARLEY		CITY BUCYRUS		STATE KS	ZIP CODE 66013		
DESCRIPTION OF WELL AND LEASE							
NAME OF LEASE OSBORN		WELL NUMBER 2-9		ELEVATION (GROUND) 972'			
WELL LOCATION (GIVE FOOTAGE FROM SECTION LINES) 234 ft. from <input type="checkbox"/> North <input checked="" type="checkbox"/> South section line 570 ft. from <input checked="" type="checkbox"/> East <input type="checkbox"/> West section line							
WELL LOCATION Sec. 9 Township 43 North Range 33 <input type="checkbox"/> East <input checked="" type="checkbox"/> West		LATITUDE		LONGITUDE		COUNTY CASS	
NEAREST DISTANCE FROM PROPOSED LOCATION TO PROPERTY OR LEASE LINE 234 FEET DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED - FOR WELL ON THE SAME LEASE 330 FEET							
PROPOSED DEPTH 600'	DRILLING CONTRACTOR, NAME AND ADDRESS OSBORN ENERGY, LLC BUCYRUS, KS			ROTARY OR CABLE TOOLS	APPROX. DATE WORK WILL START		
NUMBER OF ACRES IN LEASE 4000	NUMBER OF WELLS ON LEASE INCLUDING THIS WELL, COMPLETED IN OR DRILLING TO THIS RESERVOIR 3 NUMBER OF ABANDONED WELLS ON LEASE none						
IF LEASE PURCHASED WITH ONE OR MORE WELLS DRILLED, FROM WHOM PURCHASED? NAME _____ ADDRESS _____				NO. OF WELLS PRODUCING _____ INJECTION _____ INACTIVE _____ ABANDONED _____			
STATUS OF BOND		<input type="checkbox"/> SINGLE WELL AMOUNT \$ _____		<input checked="" type="checkbox"/> BLANKET BOND AMOUNT \$ 30000.00		<input checked="" type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED	
REMARKS: (IF THIS IS AN APPLICATION TO DEEPEN OR PLUG BACK, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING/INJECTION ZONE AND EXPECTED NEW INJECTION ZONE; USE BACK OF FORM IF NEEDED)							
PROPOSED CASING PROGRAM				APPROVED CASING - TO BE FILLED IN BY STATE GEOLOGIST			
AMOUNT	SIZE	WT/FT	CEMENT	AMOUNT	SIZE	WT/FT	CEMENT
20'	8"		Portland	20'	8"		to Surface
600'	4 1/2"		Portland	600'	4 1/2"		to Surface
I, the Undersigned, state that I am the geologist of the Osborn Energy, LLC (Company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.							
SIGNATURE <i>Meredith A. Pearson</i>				DATE May 18, 2006			
PERMIT NUMBER 20759		<input checked="" type="checkbox"/> DRILLER'S LOG REQUIRED <input checked="" type="checkbox"/> E-LOGS REQUIRED IF RUN <input type="checkbox"/> CORE ANALYSIS REQUIRED IF RUN <input checked="" type="checkbox"/> DRILL SYSTEM TEST INFO REQUIRED IF RUN <input type="checkbox"/> SAMPLES REQUIRED <input checked="" type="checkbox"/> SAMPLES NOT REQUIRED <input type="checkbox"/> WATER SAMPLES REQUIRED AT					
APPROVED DATE 6-15-06							
APPROVED BY <i>Meredith A. Pearson</i>							
NOTE ► THIS PERMIT NOT TRANSFERABLE TO ANY OTHER PERSON OR TO ANY OTHER LOCATION.							
APPROVAL OF THIS PERMIT BY THE OIL AND GAS COUNCIL DOES NOT CONSTITUTE ENDORSEMENT OF THE GEOLOGIC MERITS OF THE PROPOSED WELL NOR ENDORSEMENT OF THE QUALIFICATIONS OF THE PERMITTEE							
I, Meredith of the _____ (Company), confirm that an approved drilling permit has been obtained by the owner of this well. Council approval of this permit will be shown on this form by presence of a permit number and signature of authorized council representative.							
DRILLER'S SIGNATURE <i>Meredith A. Pearson</i>				DATE May 18, 2006			



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
PLUGGING RECORD

FORM OGC-7

OWNER'S NAME OSBORN Energy, llc		ADDRESS 7370 W. 161st Street, Stilwell, KS 66085	
NAME OF LEASE OSBORN		WELL NUMBER 2-9	PERMIT NUMBER (OGC-3 OR OGC-31 NUMBER) 20759
LOCATION OF WELL SEC TWN RNG OR BLOCK AND SURVEY Sec. 9 Township 43 North Range 33 <input type="checkbox"/> East <input checked="" type="checkbox"/> West		LATITUDE	LONGITUDE
		COUNTY CASS	
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF: OSBORN		CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBLS/DAY) GAS (MCF/DAY)	
		DRY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DATE OF ABANDONMENT 8/16/2007	TOTAL DEPTH 460	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBLS/DAY) GAS (MCF/DAY)	
		WATER (BBLS/DAY)	

Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment	Fluid content of each formation	Depth interval of each formation	Size, kind, and depth of plugs used, giving amount of cement.
DRY			79 5X 50/50 PO2 760 SURFACE

SIZE PIPE	PUT IN WELL (FT)	PULLED OUT (FT)	LEFT IN WELL (FT)	GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)	PACKERS AND SHOES

WAS WELL FILLED WITH MUD-LADEN FLUID? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	INDICATE DEEPEST FORMATION CONTAINING FRESH WATER
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NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE		
NAME	ADDRESS	DIRECTION FROM THIS WELL
		RECEIVED AUG 22 2007 Mo Oil & Gas Council

METHOD OF DISPOSAL OF MUD PIT CONTENTS DRIED UP AND CLOSED PIT. AIR DRILLED

NOTE	FILE THIS FORM IN DUPLICATE WITH: (USE REVERSE SIDE FOR ADDITIONAL DETAIL)
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CERTIFICATE I, the undersigned, state that I am the _____ of the _____ (Company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

SIGNATURE 	DATE 8/21/07
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CONSOLIDATED OIL WELL SERVICES, INC.
P.O. BOX 884, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 15654
LOCATION OTAWA
FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-16-07	6073	Osborn 2-9				Cass, Mo
CUSTOMER						
Osborn Energy						
MAILING ADDRESS						
24850 Farley						
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Buenos	KS	66013	516	Alan M		
			368	Bick A		
			503	Allen H		

JOB TYPE <u>plug</u>	HOLE SIZE <u>6 1/4</u>	HOLE DEPTH <u>740</u>	CASING SIZE & WEIGHT <u>460</u>
CASING DEPTH _____	DRILL PIPE _____	TUBING <u>23/8</u>	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Established circulation. Mixed & pumped 10 sx, 50/50 port
69 gal down tubing @ 740'. ~~pulled tubing to 500' &~~
~~pumped 10 sx cement out~~ Pulled tubing to 650' & circulated
cement to surface. Pulled tubing out of hole & topped
off with cement.

10.5x @ 740' Customer supplied water.
~~70.5x @ 700'~~
 69.5x 950 to surface
 79.5x total

Alt. 1 Alt. 2

[illegible]

AUTHORIZATION

TITLE

DATE: _____

WELL# 2-12-1 LEASE NAME 09 BOR N SPUD DATE 9-8-06
 COMPANY Glaze DRILLER Mike RIG TYPE RR

THICK	FORMATION	RUN TOTAL	COMMENT	GAS TESTS	JOINTS IN	OUT
20	Surface	20			1	20 51
2	Lime	22	4		2	40 50
2	Shale	24			3	60 49
2	BLK-SLT	26	no Gas		4	80 48
2	Shale	28			5	100 47
25	Lime	53			6	120 46
3	Shale	56			7	140 45
2	BLK-SLT	58	no Gas		8	160 44
3	Lime	61			9	180 43
3	Shale	64			10	200 42
5	Lime	69	(10 HERTH)		11	220 41
149	Shale	218			12	240 40
Gas 2	BLK-SLT	220	(Went to water)		13	260 39
61	Shale	281	(@ 30')		14	280 38
4	Lime	285			15	300 37
5	Shale	290			16	320 36
11	Lime	301	(RILS well)		17	340 35
17	Shale	318	(320 330)		18	360 34
4	Lime	322			19	380 33
2	BLK-SLT	324	(top of But water)		20	400 32
14	Shale	338	(Letting top)		21	420 31
21	Lime	359	(Water)		22	440 30
6	Shale	365			23	460 29
5	Lime	370				480
1	Shale	371				500
2	BLK-SLT	373	Gas 6000			520
2	Shale	375				540
5	Lime	380				560
32	Shale	412				580
3	SAND	415	MA BR GAS			600
4	SAND Shale	419				620
10	Shale	429				640
						660
						680
						700
						720
						740